

TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

EXPERIENCE VERIFICATION FORM

This form does not need to be completed for experience which has been accrued at a Tennessee Public School. Use this form in reporting non-public school teaching experience accrued in Tennessee, public and non-public school teaching experience accrued outside of Tennessee, and administrative or teaching experience in approved colleges and universities.

NAME OF EDUCATOR _____ **SOCIAL SECURITY NUMBER** _____

IMPORTANT: Please keep a copy of this form. You will need to give a copy to your superintendent/director when you are employed.

Information below to be completed ONLY by the SCHOOL, SYSTEM OR COLLEGE where teaching was performed.

EXPERIENCE RECORD (Please list experience yearly, each year on a separate line, beginning July1 and ending June 30.)

Name of School	School System	State	School Year, July - June		Time Served		% Time, 100 or % Less	Total Days in Year
			Beginning Date Month/Day/Year	Ending Date Month/Day/Year	Months	Days		

THE ABOVE SCHOOL, SCHOOL SYSTEM OR COLLEGE OR UNIVERSITY WAS FULLY APPROVED OR ACCREDITED BY THE _____ AT THE TIME SERVICE WAS PERFORMED.

(State Department of Education or Association of Colleges & Schools)

Check one of the following:

☐ Public School
 ☐ Private School
 ☐ U.S.Government Service Teaching Program
 ☐ Paid, Full-time Voting Member of College or University Faculty

I HEREBY CERTIFY THAT THE ABOVE LISTED EXPERIENCE IS A TRUE AND CORRECT COPY OF THE RECORDS ON FILE FOR THE EDUCATOR NAMED ABOVE.

(This form must be signed by an authorized official from the above school.)

Signature _____ **Title** _____ **Telephone Number** _____

Address _____

Street/P.O. Box
City
State
Zip Code

Email Address _____ **Date** _____